



**HAWAII STATE ETHICS COMMISSION**  
1001 BISHOP STREET, ASB TOWER 970  
P.O. BOX 616, HONOLULU, HAWAII 96809  
TEL: 587-0460 FAX: 587-0470  
email: [ethics@hawaiiethics.org](mailto:ethics@hawaiiethics.org)

THIS SPACE FOR OFFICE USE ONLY

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**LOBBYIST REGISTRATION FORM** STATE OF HAWAII  
(Type or Print Clearly) HAWAII STATE ETHICS COMMISSION

<b>PART I LOBBYIST</b>			
NAME (Last)	(First)	(Middle)	TELEPHONE
Pavlicek	Melissa	T.	523-3695
MAILING ADDRESS (Street)			FAX
841 Bishop Street, 1628			523-3712
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Hawaii Public Policy Advocates, LLC			523-3695
MAILING ADDRESS (Street)			FAX
841 Bishop Street, 1628			523-3712
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	

<b>PART II ORGANIZATION</b>		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
Kamehameha Schools		523-6369
MAILING ADDRESS (Street)		FAX
567 S. King Street		541-5305
(City)	(State)	(Zip Code)
Honolulu	Hawaii	96813
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Kendall K. Paulsen		523-6369
MAILING ADDRESS (Street)		FAX
567 S. King Street, Hale Mauka, 400		541-5305
(City)	(State)	(Zip Code)
Honolulu	Hawaii	96813

**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Agriculture                              | <input checked="" type="checkbox"/> Education           | <input type="checkbox"/> Human Services                                     | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities        | <input type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation                       |
| <input type="checkbox"/> Consumer Protection & Commerce           | <input type="checkbox"/> Hawaiian Affairs               | <input type="checkbox"/> Labor & Employment                                 | <input type="checkbox"/> Transportation                             |
| <input type="checkbox"/> Culture, Arts, Historic Preservation     | <input type="checkbox"/> Health                         | <input type="checkbox"/> Planning, Land & Water Use Management              | <input type="checkbox"/> Other: (indicate below)                    |
| <input type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing                        | <input type="checkbox"/> Public Safety & Corrections                        | _____   |

**PART IV CERTIFICATION OF LOBBYIST**

*I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.*



(Signature of Lobbyist)

2-26-07

(Date)

**PART V AUTHORIZATION TO LOBBY**

NAME

Kendall K. Paulsen

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

Director, Community Relations

NAME OF ORGANIZATION (if applicable)

Kamehameha Schools

TELEPHONE

523-6369

MAILING ADDRESS (Street)

567 S. King Street, Hale Mauka, 400

FAX

541-5305

(City)

Honolulu

(State)

Hawaii

(Zip Code)

96813

*I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.*



(Signature of Authorizing Officer or Person Represented)

3/25/07

(Date)